



PATENT  
29250-000502/US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Hisham S. ABDEL-GHAFFAR CONF. NO.: 6788  
SERIAL NO.: 09/764,072 GROUP: 2185  
FILED: 01/19/2001 EXAMINER: Mark A. Connolly  
FOR: A METHOD OF DETERMINING A TIME OFFSET ESTIMATE  
BETWEEN A CENTRAL NODE AND A SECONDARY NODE

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FEB 23 2004

Technology Center 2100

REPLY

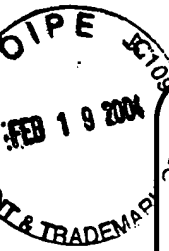
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

February 19, 2004

Dear Sir:

In response to the Office Action dated November 20, 2003, the following remarks are submitted in connection with the above-identified patent application.

Remarks begin on page 6 of this paper.

Please type a plus sign (+) inside this box → ☐

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/764,072
Filing Date	01/19/2001
Inventor(s)	Hisham S. ABDEL-GHAFFAR
Group Art Unit	2185
Examiner Name	Mark A. Connolly
Attorney Docket Number	29250-00502/US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)  <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;">Reply</div>
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Remarks

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Gary D. Yacura	Reg. No.	35,416
Signature					
Date	February 19, 2004				